

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3952

STATE FILE NUMBER

FILED AUG 6 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY c. FULL NAME OF (If NOT In hospital, give location) HOSPITAL OR INSTITUTION D.O.R. ST. LUKES HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU c. CITY OR TOWN CAPE GIRARDEAU d. STREET ADDRESS (If outside, give location) 222 CAMELIA	
3. NAME OF DECEASED (Type or print) First JOYCELYN Middle KAY Last HOOK		4. DATE OF DEATH Month JULY Day 12 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/9/1946
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT- SENIOR		10b. KIND OF BUSINESS OR INDUSTRY CAPE GIRARDEAU HIGH SCHOOL	
11. BIRTHPLACE (City and state or country) HAMILTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THE REVEREND THOMAS W. HOOK		13b. MOTHER'S MAIDEN NAME MILDRED IRELAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NO)		17. INFORMANT Mrs. Doris Miller Address 1200 E. 43rd STREET NORTH KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractures face, skull DUE TO (b) + Rt wrist fracture DUE TO (c) Fr. jaw - Blunt force trauma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Military & Infectious Dissection PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour 7-12 Month, Day, Year 63		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Collision	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50	
21. I attended the deceased from 7:30 to p on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION Johnson COUNTY MO STATE MO	
22a. SIGNATURE Hugh H. Owens (Degree or title)		22b. ADDRESS 157 Union Station	
22c. DATE SIGNED 7-13-63		22d. LOCATION (City, town, or county) CAPE GIRARDEAU MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 13 1963	
23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMERS SONS, N.C. MO.		23d. DATE RECD. BY LOCAL REG. 7-13-63	
23e. REGISTRAR'S SIGNATURE Ruth Long		23f. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR
TYPEWRITER RIBBON

BY AFFIDAVIT OF

Hugh H. Owens MEDICAL CERTIFICATION

000250-002

AUG 8 1963

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0.120

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean H. Huff

Licensed Embalmer No. 4914

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.